DATE 05-19-04 TO: Careour 3	00	
TO Corever 36XL		
FROM: Office of Initial Patent Examination		
SUBJECT: Fee Due		
APPLICATION NUMBER: 09, 9	12,42	
A fee is due for the attached document su Office for the following reason. Please chauthorization to charge a deposit account. charge the appropriate fee. If an authorizathe fee deficiency.	neck the applicat	ion for the appropriate
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If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.